

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/366859

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	21					
5	8					
6	0					
7	0					
8	0					
9	0					
10	/					
11	/					
12	/					
13	/					
14	/					
15	01					
16	1					
17	1					
18	1					
19	1					
20	1					
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TOTAL IND.			↓		↓	↓
TOTAL DEP.	14		←		←	←
TOTAL CLAIMS	15					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						